

ARTICLE 5:04

OFFICE OF THE SECRETARY OF STATE

CHAPTER 5:04:03

NOTARIES PUBLIC

Section

5:04:03:01 Notary public application, oath and bond form.

5:04:03:02 ~~Form for notary public notification of change of name and request to correct record.~~ Repealed.

5:04:03:03 ~~Form for notary public notification of change of seal and request to correct record.~~ Repealed.

5:04:03:04 Form for notary public request to change record.

5:04:03:01. Notary public application and bond form. The application and bond form for a notary public is as follows:

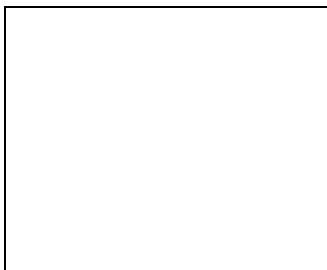
(1) Front side:



**State of South Dakota
Notary Public
Application, Oath & Bond**

Filing Fee: \$25.00

MAKE IMPRINT OF SEAL HERE Submit to: Secretary of State, 500 East Capitol Ave., Pierre, SD 57501-5077



Type or print neatly - please read instructions.

TO THE SECRETARY OF STATE OF SOUTH DAKOTA: I hereby respectfully apply to be commissioned as a Notary Public for the State of South Dakota.

NAME _____
(enter your name exactly as found on your seal imprint)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____

Complete the following if you reside in an out-of-state county bordering South Dakota:

Employer/Business Name: _____

South Dakota Business Address: _____
Street _____ City _____ State _____ Zip _____

Have you ever been a SD Notary Public? ____ Yes ____ No If yes, when did/does your commission expire? _____

Date of Birth _____ Have you ever been convicted of a felony? _____

STATE OF SOUTH DAKOTA
COUNTY OF _____

OATH

I, _____, being first duly sworn, depose and state that the answers to the questions on this application are true and complete to the best of my knowledge and that I am of legal age and a citizen of the United States meet the state residency requirements of SDCL 18-1-1. I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of South Dakota and that I will faithfully and impartially perform the duties of a NOTARY PUBLIC within and for the State of South Dakota according to the law and to the best of my ability, so help me God.

Dated _____

(Applicant's Signature)

BOND Bond No. _____

(If a Personal Surety is being used, omit the following and complete the Personal Surety form on the backside.)

We, _____, as principal, and _____ are
(name of notary applicant) (name of surety company)

bound to the State of South Dakota in the penal sum of \$5000.00 for payment of which we bind ourselves, our successors, or representatives, executors, and administrators jointly and severally hereby. This obligation is conditioned upon appointment and commission as a Notary Public of the above-named Principal by the Secretary of State and covers the official term of six (6) years from the date of appointment. If the Principal performs well and faithfully all of the duties of the office of Notary Public according to the laws of South Dakota, then the above obligation is to be null and void, otherwise, it is to remain in effect.

~~Approved by the South Dakota Attorney General.~~

Dated this _____ day of _____

(Applicant's Signature)

(Surety's Signature)

~~Approved by the South Dakota Attorney General.~~

File Date: _____

Commission date: _____

~~Countersigned by:~~

Receipt number: _____

~~A South Dakota Resident Agent~~

(2) Reverse side:

Personal Surety Form

Know all by these presents: That we, _____ (Notary applicant's name), of the County of _____ and the State of South Dakota, as principal, and _____ (Personal Surety's name), County of _____, _____ (Address), State of South Dakota, as surety, are individually held firmly bound unto the State of South Dakota in the penal sum of five thousand dollars, for the payment of which we hereby jointly and severally bind ourselves, our heirs, executors, administrators and successors. Further, each of us deposes and says individually that we are worth \$5000, the amount of the bond, over and above our debts and liabilities, in unencumbered property, exclusive of property exempt from execution and forced sale under the laws of this state.

The conditions of this obligation are such that, if the above principal, _____, who has or will be appointed Notary Public in the State of South Dakota, shall faithfully execute the duties of the office according to law, then this obligation shall be null and void, otherwise to remain in full force and effect.

Dated this _____ day of _____

Applicant's Signature Subscribed

and sworn to before me this _____ day of _____.

(SEAL)

Notary Public
My commission expires: _____

Dated this _____ day of _____.

Personal Surety's Signature

Subscribed and sworn to before me this _____ day of _____.

(SEAL)

Notary Public
My commission expires: _____

A personal surety is liable for the bond for the six-year commission of the notary. A personal surety cannot have the personal surety's name removed from the bond for any reason.

Source: 24 SDR 11, effective August 6, 1997; 28 SDR 54, effective October 22, 2001; 30 SDR 189, effective June 9, 2004.

General Authority: SDCL 18-1-1.

Law Implemented: SDCL 18-1-1, 18-1-3.

5:04:03:02. Form for notary public notification of change of name and request to correct record. ~~The form for Notary Public Notification of Change of Name and Request to Correct Record is as follows:~~

**~~Notary Public Notification of
Change of Name and Request to Correct Record~~**

~~Please complete this form in its entirety. Print Legibly.~~

Previous name _____
_____ (as notary public commission issued)

Date commission issued _____

Date of name change _____

Changed by check one () court order or () marriage

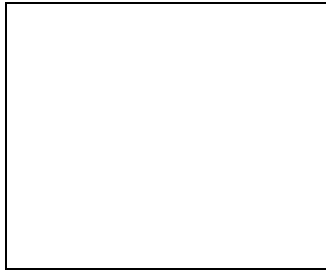
New Name _____
_____ (as appears on new notary seal and to correct record)

Present mailing address _____
_____ (mailing address)
_____ (city, state and zip code)
_____ (county)

~~I hereby submit this notification of change of name and request that each record in the Office of the Secretary of State pertaining to my appointment and commission as notary public be corrected.~~

(Signature) (Date)

~~Imprint of new seal here~~



Return to: Secretary of State
Notary Division
500 E. Capitol Ave.
Pierre, SD 57501-5077
(605) 773-3537

Repealed.

Source: 28 SDR 54, effective October 22, 2001; effective June 9, 2004.

5:04:03:03. Form for notary public notification of change of seal and request to correct record. The form for Notary Public Notification of Change of Seal and Request to Correct Record is as follows:

Notary Public Notification of Change of Seal and Request to Correct Record

Select only one box:

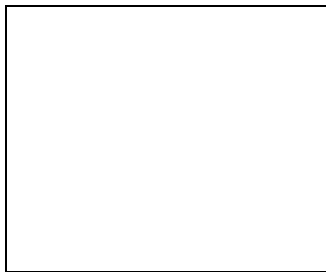
☐ I would like to add this seal imprint on record, and I will continue to maintain the use of both notary seals. I am aware, when I renew my commission I will have to place an imprint of both notarial seals on the application.

☐ I would like to discontinue the use of my current notarial seal on file and use the imprint of the notarial seal imprinted on this document.

Name as it appears on your commission: _____

Date of commission expiration: _____

Imprint of new seal here



Mailing Address: _____

County: _____

I hereby state that the above information is true and correct. I understand that I will not be able to use the notarial seal imprint until I am notified by the Secretary of State.

(Signature) _____

(Date) _____

Return to:
Secretary of State
Notary Division
500 E. Capitol
Pierre, SD 57501-5077
(605)773-3537
Repealed.

Source: 30 SDR 189, effective June 9, 2004.

5:04:03:04. Form for notary public request to change record. The form for Notary Public Request to Change Record is as follows:

Notary Public Request to Change Record

Please Type or Print Clearly in Ink
No Filing Fee

Mark all boxes that apply:

- ☐ I would like to use the new notary seal imprint below and will continue the use of my current notary seal. When I renew my commission, I am aware I will need to place an imprint of both notary seals on the application.
- ☐ I would like to discontinue the use of my current notary seal on file and use the imprint of the new notary seal below.
- ☐ I would like to change my name on my notary public commission and will use the imprint of the new notary seal below.
- ☐ I would like to change my mailing address on file to the address below.

Name as it appears on your commission _____

Date commission issued _____

County _____

| | | | |
|-----------------|------|-------|-----|
| Mailing Address | City | State | Zip |
|-----------------|------|-------|-----|

Complete the following for change of name:

Date of name change _____

Changed by ☐ court order or ☐ marriage

New name _____
(as appears on new notary seal)

I hereby state that the above information is true and correct. I understand that I will not be able to use the notary seal imprint until I am notified by the Secretary of State.

Dated _____
(Signature)

Place imprint of new seal here



Return to:
Secretary of State
Notary Division
500 E. Capitol, Suite 204
Pierre, SD 57501-5077
(605) 773-3537

General Authority: SDCL 18-1-1

Law Implemented: SDCL 18-1-1, 18-1-3.